

South Central Center for Public Health Preparedness (SCCPHP)  
Web Broadcast Questionnaire  
(Sarpy, S.A. 2004)

Title: **LIFESAVER 2004**  
**PLANNING & IMPLEMENTATION OF A FIELD EXERCISE**

**DIRECTIONS:** Mark the response that represents best your response to each item. There are no right or wrong answers, so please be candid and try not to let your response to one item influence your response to other items. Be sure to answer each item. Data will be used for the sole purpose of reporting to the funding agency.

PLEASE FAX COMPLETED EVALUATION TO THE SOUTH CENTRAL PUBLIC HEALTH PARTNERSHIP AT TULANE UNIVERISTY SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE AT (504) 988-5718.

**Part I: Participant Information**

What is your gender? ☐ Male ☐ Female

In which state are you currently employed? \_\_\_\_\_

Which of the following categories best describes your race/ethnicity?

- ☐ White/Caucasian ☐ Asian or Pacific Islander  
☐ Black/African American ☐ American Indian or Alaskan Native  
☐ Other(please specify) \_\_\_\_\_

Including this calendar year, how many total years have you worked in your current employment agency?

- ☐ 0-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ 21-more

Which of the following categories best describes the geographic region in which you work most often?

- ☐ Urban/Inner City ☐ Suburban/Metropolis ☐ Rural/Sparsely populated

Including this calendar year, how many total years have you worked in community/public health?

- ☐ 0-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ 21-more

Which of the following describes best your current position?

- |   |   |
|---|---|
| <input type="checkbox"/> Administrator/Manager    | <input type="checkbox"/> Health Educator  |
| <input type="checkbox"/> Physician                | <input type="checkbox"/> Environmentalist/Sanitarian  |
| <input type="checkbox"/> Nurse/Nurse Practitioner | <input type="checkbox"/> Laboratorian   |
| <input type="checkbox"/> Social Worker/Counselor  | <input type="checkbox"/> Clerical   |
| <input type="checkbox"/> Aide/Outreach Support    | <input type="checkbox"/> Technical/Computer   |
| <input type="checkbox"/> Nutritionist/Dietician   | <input type="checkbox"/> Disease Intervention Specialist (DIS)/ Investigator/Epidemiologist |
| <input type="checkbox"/> Other _____              |   |

Which health department do you work for? \_\_\_\_\_

## Part II: Learning Environment

Please indicate how much you agree with each of the following:

After completing this training, I feel confident that I can effectively:

( Scale: 1 = Strongly Disagree, 2 = Disagree, 3 = neither agree nor disagree, 4 = Agree, 5 = Strongly Agree)

	1	2	3	4	5
1. Identify the principles for designing effective consequence management against terrorist use of weapons of mass destruction (WMD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. List the challenges and elements of command and control during terrorist WMD events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Describe the elements of planning for broadly based WMD exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Name the most important aspects of exercise execution in broadly based WMD exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Describe the purposes, players and processes for evaluation of WMD exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Explain the importance and methodology for effective exploitation of exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer each of the following short answer questions.

5. What aspects of this training did you find most relevant for your job? Please be as specific as possible.
6. How will you be able to use the training to improve your job performance? Please be as specific as possible.
7. Did you experience any technical difficulties that interfered with your learning experience? If so, please explain.
8. Please Indicate how you viewed this training.
<input type="checkbox"/> Satellite Broadcast <input type="checkbox"/> Videotape
<input type="checkbox"/> Archived Web Stream